

**INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR
SALE OF CHECKS LICENSE**

THE PACKAGE YOU HAVE RECEIVED CONTAINS THE FOLLOWING PERTINENT INFORMATION NEEDED TO MAKE APPLICATION TO THE OFFICE OF FINANCIAL INSTITUTIONS:

- A) COPY OF KENTUCKY REVISED STATUTES CHAPTER 366. **PLEASE READ THIS THOROUGHLY BEFORE APPLYING FOR A LICENSE.**
- B) THE APPLICATION FORM. THIS SHOULD BE COMPLETED AS SPECIFICALLY INSTRUCTED, SIGNED AND NOTARIZED.
- C) STATE LICENSE CONFIRMATION FORM. THIS FORM IS **ONLY** FOR APPLICANTS **WHO ARE CURRENTLY LICENSED AND OPERATING IN ANOTHER STATE(S).** PLEASE COMPLETE THE “APPLICANT” PORTION AND FORWARD TO ALL STATES APPLICABLE.
- D) SURETY BOND

****PLEASE MAKE SURE THE BOND IS ISSUED IN THE COMPLETE LEGAL NAME AND CORRECT ADDRESS OF THE PRINCIPAL OFFICE TO BE LICENSED. ALSO, MAKE SURE THAT IT IS SIGNED BY ALL PARTIES AND NOTARIZED.**

THE FOLLOWING NAMES AND NUMBERS ARE LISTED FOR YOUR CONVENIENCE:

LICENSING AND APPLICATION QUESTIONS - GARY THURMAN EXT. 251
EXAMINATIONS AND REGULATORY QUESTIONS – GARY DAVIS EXT. 253
LEGAL OPINIONS - General Counsel EXT. 232
CONSUMER COMPLAINTS – ANDIE CUBERT EXT. 226

KENTUCKY SECRETARY OF STATE - 502-564-2848

**APPLICATION FOR A SALE OF CHECKS LICENSE
PURSUANT TO KENTUCKY REVISED STATUTES CHAPTER 366**

COMPLETE ALL SCHEDULES USING AS MANY SEPARATE PAGES
AS NECESSARY TO COMPLETE APPLICATION. PLEASE NUMBER
EACH RESPONSE ACCORDING TO THE CATEGORY LISTED BELOW.
IF A QUESTION IS NOT APPLICABLE, PLEASE SO STATE.

PLEASE TYPE OR PRINT IN INK

INCOMPLETE OR UNANSWERED QUESTION MAY RESULT IN TIME
DELAYS OR RETURNED APPLICATIONS

DATE: _____

To the Executive Director, Kentucky Office of Financial Institutions:

The following hereby makes application for a license to conduct a SALE OF CHECKS business as provided in Kentucky Revised Statutes Chapter 366 at the following principal location:

(Complete Legal Name of Entity to be licensed - to include Assumed Name "DBA")

(Street Address, Suite or Apartment Number)

(City or Town, County, State, Zip Code)

(Telephone Number)

(FAX Number)

(Name of primary contact person to discuss application questions)

The following schedules, which include the information required by Kentucky Revised Statutes Chapter 366, is needed to enable the Executive Director of the Office of Financial Institutions to determine the feasibility of permitting your firm to engage in this business:

1. Please state if the Applicant is presently engaged in the SALE OF CHECKS business in any other state. If YES, list the states in which Applicant is operating, the type of license held, and the date business was commenced in these states. Fill out the enclosed STATE LICENSE CONFIRMATION form, per instructions, and forward to all states in which you are currently licensed.

2.
 - a) If INDIVIDUAL (SOLE PROPRIETOR) is applying, please give complete name (first, middle/maiden, last - no initials), social security number, residence address and phone number, and business address and phone number.
 - b) If PARTNERSHIP or a LLP is applying, please give complete name, social security number, residence address and phone number, business address and phone number, and PERCENT of ownership of each partner.
 - c) If CORPORATION or a LLC is applying, please give complete name, social security number, residence address and phone number, business address and phone number and PERCENT of ownership of officers, directors and anyone owning more than ten percent (10%). Also, please list the names and business address of each director and senior level officer (vice president and above).
3.
 - a) If INDIVIDUAL is applying, please submit a copy of the required local business registration. If you are using an Assumed Name "DBA", this also has to be registered with local government and a copy sent to the Department.
 - b) If PARTNERSHIP, LLP, CORPORATION or LLC is applying, please submit copies of Partnership agreements, Articles of Incorporation, etc., and related appropriate filings which have been file stamped by the KENTUCKY SECRETARY OF STATE. This includes Certificates of Assumed Name (DBA). Out of State Corporations shall obtain a Certificate of Authority to do business in Kentucky. Please include corporate tax I.D. number.
4. Submit a **Reviewed or Audited** financial statement of the applicant prepared by a certified public accountant. The applicant shall have a net worth of at least one hundred thousand dollars (\$100,000) pursuant to KRS 366.040 (1).
5. Submit a resume of the owners and managers.
6. Submit current, signed and dated, financial statements on anyone owning more than ten percent (10%) of the Applicant.
7. If you are engaged, or intend to engage, in any business other than that allowed by KRS Chapter 366, please state the name and type of business conducted.
8. If any other entity is conducting business at the proposed licensed location(s), please state the name and type of business conducted.
9. Please submit the Surety Bond, issued by a bonding company or insurance company authorized to do business in this state, in the total principal sum of \$50,000 plus an additional sum of \$5,000 for each location, in excess of one, at which the applicant proposes to sell checks in this state. In no event shall the bond be required to be in excess of one hundred fifty thousand dollars. Please refer to KRS 366.060 (3) and 366.080.
10. List the name and address of any AFFILIATES (businesses with common ownership) of the Applicant and its' owners.
11. List the locations at which the applicant proposes to sell checks in this state.

12. a. Has the Applicant or any of its owners, employees, agents, officers, or directors ever been convicted in any state or federal court of any crime (not including motor vehicle traffic misdemeanors)?

YES_____ NO_____

- b. Has the Applicant or any of its owners, employees, agents, officers, or directors ever been the subject of any actions (cease and desist orders, consent orders, injunctions, license suspensions, or revocation, etc.) by any regulatory agency, state or federal or have any of the aforementioned been associated in any capacity with a company who has been the subject of any disciplinary actions?

YES_____ NO_____

- c. Has the Applicant or any of its owners, employees, agents, officers, or directors ever been refused any license by the Office of Financial Institutions or any other state or federal government agency (except motor vehicle operator) or has such an application ever been withdrawn or have any of the aforementioned been associated in any capacity with a company who has been refused any license?

YES_____ NO_____

- d. Has the Applicant or any of its owners, employees, agents, officers, or directors ever been a party to litigation in which it was alleged that the Applicant, employee, agent, officer or director: engaged in fraudulent or dishonest conduct; failed to comply with any state or federal regulatory requirements; **or** committed any breach of contract or tort relating to their business dealings or have any of the aforementioned been associated in any capacity with a company who was alleged to be or has been found guilty of engaging in fraudulent or dishonest conduct; failed to comply with any state or federal regulatory requirements; **or** committed any breach of contract or tort relating to their business?

YES_____ NO_____

If the answer to any of the foregoing is YES, explain the circumstances fully, using as many additional sheets as necessary. Please include any pertinent documentation.

13. If any of the owners of the Applicant know of any derogatory information on their personal credit report, please have the individual submit a written explanation and any pertinent documentation.
14. Please submit the completed application together with a **check** in the amount of two hundred fifty dollars (\$250) to cover the investigation fee. This check shall not be subject to refund, but if the license is granted, shall constitute the license fee for the first license year or part thereof. The check shall be made payable to the **KENTUCKY STATE TREASURER. NOTE: EACH LICENSEE SHALL RENEW ON OR BEFORE JUNE 20 PRIOR TO THE JUNE 30 EXPIRATION DATE. RENEWAL NOTICES WILL BE SENT TO THE PRINCIPAL OFFICE. THE RENEWAL FEE WILL BE \$250. ALSO, THE DEPARTMENT SHALL BE NOTIFIED 15 DAYS IN ADVANCE IN THE EVENT OF A NAME CHANGE OR ADDRESS CHANGE.**

SIGNATURE AND NOTARY PAGE FOR APPLICATION

AND

CONSENT TO REQUEST CREDIT REPORT

As a part of its statutory responsibility, the Office of Financial Institutions is authorized to investigate applicants to determine eligibility for licensing. The Office is authorized generally to investigate any audits, examinations, complaints, reports, etc., suggesting the possibility of unlawful activity involving regulated institutions. In the course of its investigations, the Office of Financial Institutions may procure or cause to be prepared a consumer credit report on individual(s) or entity (ties).

The undersigned has informed each and every person or entity (whose names appear on the application) involved in the proposed enterprise that the Office of Financial Institutions may procure or cause to be prepared a consumer credit report on him/her/it. The undersigned is authorized by each and every person or entity named on the application to give permission for the Office of Financial Institutions to procure or cause to be prepared such a report. In accordance with that authorization and permission, the undersigned, for himself or herself and as a representative and agent for each and every person or entity involved in this enterprise, acknowledges and gives permission for the Office of Financial Institutions to procure or cause to be prepared a consumer credit report on each and every person or entity involved in this application during the licensing process and any time thereafter should the Office be required to investigate any audits, examinations, complaints, reports, etc. Suggesting the possibility of unlawful activity.

Authorized Signature and Title

STATE OF _____
COUNTY OF _____

I, _____, hereby declare on my oath that I have
(Name of person signing application)
executed this application and that the facts stated in the application are true and correct. I further
state that I have read and will comply with Kentucky Revised Statutes Chapter 366.

Signature of Applicant

Subscribed and sworn to before me this
_____ day of _____, 2____.

Notary Public - State at Large
My Commission Expires: _____



COMMONWEALTH OF KENTUCKY
ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
OFFICE OF FINANCIAL INSTITUTIONS
1025 CAPITAL CENTER DRIVE, SUITE 200
FRANKFORT, KENTUCKY 40601
TELEPHONE: (502) 573-3390
WWW.KENTUCKY.GOV

STATE LICENSE CONFIRMATION FORM

(To be completed by APPLICANT)

(Legal Name and Address of Applicant)

is applying for a license pursuant to The Sale of Check License, Kentucky Revised Statutes Chapter 294. I hereby authorize _____ (Name of State) to release to the Kentucky Office of Financial Institutions any and all information requested.

(Name and Title)

(Signature)

(Date)

(To be completed by STATE AGENCY and returned to address above, attn: Gary Thurman)

- A. What type of license does the applicant currently hold? What is the issue date, license number and expiration date?
- B. If a license was issued, did your agency conduct an investigation?
- C. Does your agency conduct periodic examinations of the applicant?
- D. Have any complaints against the applicant been filed with your agency in the past three years? If yes, please give number, nature and disposition of the complaint(s).
- E. Has any disciplinary/enforcement action been taken against the applicant? If yes, please identify type, date and disposition.

Name/Title of Person Completing Form: _____

Agency Name and Phone Number: _____